

No. 300
 10-48
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15774

State File No.

FILED JUN 3 1955

| | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>208</u> | |
| 1. PLACE OF DEATH a. COUNTY JASPER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | | c. LENGTH OF STAY (In this place) 2 DAYS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | | 04950 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 910 WEST 7TH STREET | | | |
| 3. NAME OF DECEASED (Type or Print) RAY | | a. (First) | | b. (Middle) IRVING | | c. (Last) SMITH | |
| 4. DATE OF DEATH (Month) (Day) (Year) MAY 20, 1955 | | 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH NOV. 4, 1895 | | 9. AGE (In years last birthday) 59 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 15 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER | | 10b. KIND OF BUSINESS OR INDUSTRY FOR SELF | | 11. BIRTHPLACE (State or foreign country) DIAMOND, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME JAMES Z. SMITH | | 13b. MOTHER'S MAIDEN NAME SALLY E. OLDMAN | | 14. NAME OF HUSBAND OR WIFE MRS IRENE A. SMITH | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS IRENE SMITH, 910 W. 7TH STREET | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>From 5-18-55 to the time of death</u> <u>Unknown</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 331X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>5-18-55</u> , 19 <u> </u> , to <u>5-20-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-20-55</u> , 19 <u> </u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. Kuhse Jr., M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>321 Frisco Building, Joplin, Missouri</u> | | 23c. DATE SIGNED <u>5-23-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE <u>5-24-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY POWERS CEMETERY, NEAR DIAMOND, MISSOURI. | | 24d. LOCATION (City, town, or county) (State) MISSOURI | |
| DATE REC'D BY LOCAL REG. <u>5-25-55</u> | | REGISTRAR'S SIGNATURE <u>Robert S. Jones</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO. | | | |

(Licensed Embalmer's Statement on Reverse Side)

County Health Office -
County File Number 25-5-367
Date Filed MAY 31 1935

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.